503-038585 MISSOURI DIVISION OF HEALTH -- STANDARD CERTIFICATE OF DEATH DEPARTMENT OF PUBLIC HEALTH AND WELFARE STATE FILE NUMBER Primary Registration District No. 6/13 Registration District No. _Registrar a No. DO NOT WRITE FILED SEP 27 1963 AMENDED ON THIS STUB 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before 1. PLACE OF DEATH e. COUNTY a. STATEMISSOURI b. COUNTY SCOTT VS 300 (noissimbs SCOTT AMENDED Rev. 4/59 b. CITY (If outside corporate limits, give IOWNSHIP only) c. CITY Length of stay in 1b Inside Limits Yes ⊟ No 🕅 TOWN TOWN BENTON BENTON-rural RFD# vears c. FULL NAME OF (If NOT in hospital, give location) d. STREET 1000 Inside Limits (If cutside, give location) Reside on Farm DATE HOSPITAL OR **ADDRESS** Yes 🗋 No 😾 RFD#1 INSTITUTION Yes No 🗌 6 mi So on Hv Res. 1000 3. NAME OF DECEASED Middle 4. DATE First Last Month DAY Year OF (Type or print) DEATH 9. AGE (lest birthday) IF UNDER 1 YEAR IF UNDER 24 HR THOMAS CLEBURN McWHIRTER 0 5. SEX 6. COLOR OR RACE 7. Married 🔼 Never Married □ 8. DATE OF BIRTH Months Widowed Divarced Hours h-3-1916 WHITE MATE 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY 10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) FARM WORKDER MARION COUNTY. **FARMING** ATABAMA FOLIO! 136, MOTHER'S MAIDEN NAME NAME OF HUSBAND OR WIFE 13s, FATHER'S NAME GEORGE WASHINGTON MCWHIRTER DESSIE NORA McWHIRTER LINA BOBO 17. INFORMANT 16. SOCIAL SECURITY NO. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 0 ٩S (Yes, no, or unknown) | (If yes, give war or dates of service) |. Mrs Nora McWhirter. Benton. 9420.1 NΩ INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line DOCUMENT PART I. DEATH WAS CAUSED BY: ORD IMMEDIATE CAUSE (a) Ιō 11 NSTEAD Conditions, if any, which gave rise to abova causa (a), stating the under-DUE TO (c) lying cause last. Z O PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART III. If deceased was female there a pregnancy in last 90 days. disease condition given in PART I (a) **AMENDMENTS** ☐ Unknown ☐ Yes □ No 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 20a. ACCIDENT SUICIDE HOMICIDE 19. WAS AUTOPSY PERFORMED? YES NO 20c. TIME OF Hour Month, Day, Year RIBBON INJURY p.m. BLACK INK STATE 20f, CITY, TOWN, OR LOCATION COUNTY 20s. PLACE OF INJURY (e.g., in or about home, 20d. INJURY OCCURRED farm, factory, street, office bldg., etc.) WHILE AT WORK NOT WHILE AT WORK [] *IYPEWRITER* 9-14-63 and last saw him alive on-21. | attended the deceased from RE _m on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at. SHOULD 22c. DATE SIGNED 22b. ADDRESS (Degree or title) Ö 22a, SIGNATURE 9-18**-**63 CHARLESTON. MISSOURI M. D. 23d, LOCATION (City, town, or county) (State) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23a. BURIAL, CREMATION, AFFIDA Š REMOVAL (Specify) Burial Bertrand, Mo. RFD 9-19-63 Armer Cemeterv 25. PATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE 1TEM

CHAPEL.

Char:

(Licensed Embalmer's Statement on Reverse Side)

NUNNELPE FUNERAL

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STATEMENT BY LICENSED EMBALMER

or by	certify that the body whose name is	recorded on the reverse side of this certificate was embalmed by me,
working under my	y personal supervision.	
Student		Signed Thut the Signed
•	Signature of Student Embalmer	Licensed Embalmer No. 3851
1		P. O. Address Charlesten, The

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.